

Barry W. Lovgren
PO Box 6744
Gardnerville, NV 89460
(775) 265-2659
barrylovgren@yahoo.com

Public Comment to the Statewide Epidemiological Workgroup, 4-29-16

This Workgroup makes it possible for the State to make data-driven decisions for substance abuse services. That's why SAMHSA funds it. A key element to making data-driven decision making possible is this Workgroup's development of an Epidemiological Profile for Nevada. If you go to the SAMHSA website for Statewide Epidemiological Workgroups you'll find information on how this Workgroup fits into the system for planning for substance abuse services, and you'll find the Workgroup's Epidemiological Profile for 2013. I thank you for all the hard work that went into that.

And I'm pleased to see that development of the 2016 Epidemiological Profiles is on the agenda. One of the difficulties faced in the development of the 2013 Profile was the difficulty of obtaining Nevada-specific data on the prevalence of substance abuse among pregnant women, but there are members of this Workgroup who may have data that's useful. And Maternal and Child Health is also developing data to measure substance abuse among pregnant women: Ingrid Mburia, epidemiologist for MCH, has informed me that the data sources will include data from Medicaid, the Pregnancy Risk Monitoring System, and hospital inpatient and emergency room data, and I presume that data will be shared with the Workgroup. But before all that work is put into development of the 2016 Profile, I want to caution you about the biggest problem of all faced by the 2013 profile: It wasn't used for the purpose for which it was developed - it wasn't used for data-driven decision making.

In July of last year the Behavioral Health Planning and Advisory Council held a Block Grant planning meeting to advise SAPTA on the then-pending Substance Abuse Prevention and Treatment Block Grant and on the State Plan for prevention and for treatment contained in it. To assist in that planning, the Council was provided a 131-page needs assessment developed by SAPTA. Unfortunately, that needs assessment didn't utilize the Epidemiological Profile this workgroup had developed; it contained no data regarding the incidence and prevalence of substance abuse in Nevada. It's fairly incomprehensible that a needs assessment for any disease in Nevada would ignore the extent of the disease in Nevada, would ignore incidence and prevalence data for the disease - especially if an Epidemiological Profile for the disease had been developed.

That needs assessment was so inadequate that it couldn't be submitted to SAMHSA to accompany the Block Grant application, even though federal regulations require that the application include a needs assessment.

I'm hoping that this year the Epidemiological Profile will be used as the foundation of a needs assessment for behavioral health services so that we can have data-driven decision making and so funding will no longer be expended to address substance abuse service needs without first identifying just what those needs are.